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ABSTRACT

Intervention studies in which peer social initiations were used to increase the social and play skills of withdrawn preschool and school aged children are reviewed. A discussion follows of such practical application issues as selection of peer trainers, training of peer trainers, arrangement of the setting for peer intervention, and teacher assistance to the peer trainer. (Author/DB)

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The Use of Peer Social Initiation Strategies to Improve the Social Skills of Withdrawn Children[1]

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Abstract

This paper provides a review of intervention studies in which peer social initiations were used to increase the social and play skills of withdrawn preschool and school-aged children. This review is followed by a discussion of such practical application issues as: selection of peer trainers, training of peer trainers, arrangement of the setting for peer intervention, and teacher assistance to the peer trainer.

Efforts to mainstream handicapped children into regular class settings present many instructional and logistical problems, one of which is the provision of individual programming. Not only is such child-specific instruction mandated under law (P.L. 94-142), but successful mainstreaming efforts to date have been characterized by a firm committment to highly-structured individualized instruction (see Bradfield, Brown, Kaplan, Rickert; and Stannard, 1973; Bruininks, Rynders, and Gross, 1974; Budoff and Gottlieb, 1976; Haring and Krug, 1975).

An additional and equally challenging task for educators in mainstream settings is to alter the general pattern of negative, isolate behavior that typically characterizes the interactions between handicapped and nonhandicapped peers in regular classrooms (e.g., Bacher, 1964; Cassidy and Stanton, 1959; Johnson, 1950; Jordan, 1960; Kern and Pfaeffle, 1962; Thurstone, 1959).

Likely, the most abundant and most efficient resources of individualized programming in the area of social skills development are classroom peers. In a variety of classroom and therapeutic settings, many natural interaction processes between children have been structured to enhance the social and play repertoires of handicapped youngsters. In this paper, we will briefly review intervention studies that have employed peer influence as mediated by social initiations. Following this review we will discuss the aspects of this peer-mediated intervention that are directly related to the concerns of classroom practitioners.

Research Review

Results from over 40 years of observational research indicate that children create their own social environment (Strain and Hill, in press). As an example, the shy, nonassertive child is seldom the recipient of positive social overtures by peers; whereas the youngster who frequently initiates

bids to play with his peers is often the recipient of many positive social behaviors from playmates. One implication of this consistently observed reciprocity of interaction is that positive social initiations may be used to set the occasion for increased social responding by withdrawn, handicapped children. Recent behavioral research in which peer social initiations were used as an intervention tactic supports this notion (Ragland, Kerr, and Strain, 1978; Strain, 1977; Strain, Kerr, and Ragland, in press; Strain, Shores, and Timm, 1977) in both preschool and school-aged populations.

In an initial study, Strain, Shores, and Timm (1977) trained two non-handicapped preschool boys to initiate positive social behaviors toward six withdrawn, behaviorally disordered age-peers. The handicapped children, all males, and the two peer trainers were enrolled in an integrated preschool program. Significantly, the handicapped children were selected on the basis of their extremely limited interaction with other children, handicapped or not, in the setting. The peer trainers were provided four 20-minute training sessions in which they rehearsed specific play overtures that they could use to initiate social interaction with their handicapped peers. Employing a withdrawal of treatment design, the trainers made few social approaches to their peers during the initial baseline phase. Trainers greatly increased their rate of initiations during intervention, reduced initiations during a second baseline phase, and again increased their rate of initiations in a final intervention phase. Adults provided no prompts or reinforcement for any positive social behavior. All subjects' positive social behavior greatly increased in response to accelerated levels of initiations. Five of the subjects increased their rate of social initiations toward each other and the peer trainers. The amount of positive behavior change resulting from the treatment was related directly to the subjects' initial social repertoire. That is, children who were most social during the initial baseline phase

were most responsive to this intervention.

A second study in this series, Strain (1977), attempted to replicate the peer-initiation tactic and to examine the generalization of behavior change across time and settings. Three behaviorally disordered preschool boys and one nonhandicapped peer trainer participated. These subjects were located in the same integrated setting as that mentioned previously. The peer trainers participated in a training format identical to that employed in Strain et al (1977). Treatment sessions during the withdrawal of treatment design took place in a small playroom equipped with assorted toys, dress-up clothes, and kitchen area items. The generalization sessions took place in the subjects' classroom. On 25 of the 40 days of the study, generalization assessment took place shortly following training. On the other days, there was a 23-hour time lapse between training and generalization assessment.

Training data from this study closely matched results reported by Strain et al (1977). For one handicapped child whose baseline frequency of interaction was nearly zero, the intervention tactic was not effective. Generalization data indicated that behavior change was evident across time and settings. However, positive behavior during the generalization sessions was approximately one-half the level observed during training.

The results of these two studies on preschool handicapped children indicate that the occasion-setting function of social initiations may be employed to enhance the social repertoire of withdrawn children. All peer trainers were remarkably consistent in their adherence to initial training and instructions to change their behaviors across phases of the studies. Data on children with extremely limited repertoires suggested that more intensive training tactics (i.e., prompting and reinforcement) may be needed to produce positive social interaction (Strain and Hill, in press; Young and Kerr, Note 1).

In a third study in this series, Ragland,Kerr, and Strain (1978) examined the development of positive social behavior in school-aged autistic children.

The subjects were observed to engage in active social withdrawal and occasional physical aggression towards peers. Again, an age-peer was trained to emit specific social initiations towards handicapped children. The experimental sessions in the withdrawal of treatment design were conducted in a playroom equipped with toys that promote cooperative play. In contrast with earlier studies, the peer trainer began intervention at different points in time for each subject. This procedure was employed to see whether social initiations directed toward one child would result in positive behavior change by children not under intervention procedures. Increases in peer initiations resulted in an immediate acceleration in the frequency of all subjects' positive social behavior. For the two subjects who were most aggressive, negative behaviors showed a marginal increase during intervention. In no case did intervention applied to one child result in a "spillover" of treatment effect on the behavior of children not under intervention at that time.

In a final study in this series, Strain, Kerr, and Ragland (in press) evaluated the differential effectiveness of peer social initiations and peer-mediated prompting and reinforcement procedures on the development of appropriate social behaviors by four elementary-aged autistic children. Treatment was evaluated in training and generalization sessions. During baseline, the peer trainer made few social initiations toward subjects and emitted no prompting or social reinforcement events. For two subjects, the initial baseline was followed by the social initiation intervention, in which the peer trainer greatly increased his level of social approaches to the subjects. For the other two subjects, the initial baseline was followed by the prompting and social reinforcement procedure, in which the peer trainer prompted and reinforced social play between the children. Both interventions produced an immediate and equivalent increase in the subjects' level of positive social behavior in training sessions. No generalization was observed for either intervention. Interventions

were terminated in a second baseline period and the subjects' behavior returned to a level comparable to that observed during the initial baseline condition. In the final condition, each of the two intervention procedures was employed with the subjects who had not been exposed previously to that particular treatment. Again, positive and equivalent behavior change resulted in the treatment setting, but no increase in positive social behavior was observed during generalization assessment.

In summary, research on peer social initiations offers a promising strategy to promote constructive interaction and play skills. It is a procedure that is both time- and cost-efficient. Moreover, the procedure has been used successfully with preschool as well as school-aged children with a variety of behavioral deficits.

Practical Application Issues

Selection of the Peer Trainer

Several characteristics appear to exemplify children who will be effective as peer trainers. First, it is important to select a child who attends school regularly (Ragland et al, 1978). This will promote continuity of the intervention program, which centers around this child's participation. Secondly, those children who frequently exhibit a repertoire of appropriate social skills with their peers are most likely to respond positively to the intervention agent training (Strain et al, 1977). It should be noted, however, that one study cited the successful use of a retarded child with a limited play repertoire to increase the social behaviors of his severely retarded peers. More extensive training may be necessary for a child with such limited social skills (Young and Kerr, Note 1).

An additional competency useful in peer-mediated interventions is that of following teacher instructions reliably and imitating a teacher model.

In several of the studies previously described (Strain et al, 1977; Ragland et al, 1978) the peer was trained through the use of a modelling tactic combined with verbal instructions.

Finally it appears critical from the research literature that the selected peer trainer attend to the play task for at least five minutes per target child. In the studies reviewed, the average time spent in each day's play sessions was twenty minutes, or approximately five minutes per child (e.g., Strain et al, 1977).

Training the Peer Trainer

A prominent feature of the studies on peer initiation strategies is that of preparing the peer trainer, or confederate, for the role as social intervener. While few studies have described this training in detail (see Strain et al, 1977; Young and Kerr, Note 1), there do appear to be two common elements of the peer trainer's preparation. First, it is important to explain to the child exactly what type of performance is expected of him. Such explanations may be modified to suit the conversational level of the child, but might be phrased, "Try your best to get the other children to play with you". A further recommendation to the peer trainer might be, "It is a good idea to give other children a toy to play with" (Strain et al, 1977).

A second critical component of the peer trainer's instruction is that of preparing the child for the unresponsiveness of the target children. This "training to expect rejection" tactic has been described as one in which the teacher (experimenter) modeled the anticipated isolate behavior of the target peers for the peer trainer. Specifically, the child was given a toy and asked to initiate play with the experimenter. The experimenter then ignored every other social bid by the peer trainer. Following this display of withdrawn behavior, the experimenter stated, "Sometimes children won't play, even when

you ask them nicely and give them something to play with; but you will need to keep trying very hard to get them to play" (Strain et al, 1977).

The length of time required to prepare the peer trainer is dependent upon the entry level skills of this child. In most of the studies cited, peer training lasted four days, with one session of approximately twenty minutes each day. Occasional review sessions throughout the duration of the program may help the peer trainer to maintain high rates of social initiations.

Arrangement of the Setting for Peer Intervention

As mentioned previously, at least twenty minutes should be set aside for the free play sessions each day (or at least five minutes per target child). In the studies cited, such sessions were held on each day of school to assure continuity of the intervention. The play sessions typically took place in classrooms or play areas adjacent to classrooms. The location remained constant throughout each study.

Previous researchers have employed a limited and somewhat common group of toys. These toys were found by Quilitch and Risley (1973) to promote cooperative play. They include: simulated kitchen equipment, ball, truck, blocks, puppets, toy telephones, doll house, train, car, and doll. Toys which have not been shown to enhance cooperative play are: books, clay, paper, beads, painting materials, puzzles, and crayons. It has been suggested that toys be placed together if they are to be used together (e.g., toy telephones placed next to each other, a few blocks stacked). Finally, toy selections should be based on the developmental level of the target children rather than upon their chronological ages (Beachboard and Kerr, Note 2).

Teacher Assistance to the Peer Trainer

The primary role of the teacher is that of preparing the peer trainer to implement the social initiation procedure. However, throughout the

intervention period, there are ways in which the teacher might assist the peer trainer in carrying out the intervention. First, it is helpful to review with the peer trainer those toys and activities which appear to be effective in increasing the social responses of the target children. One study reported the use of "cue cards" for this purpose (Ragland et al, 1978). Each card pictured a toy or activity which had promoted interactions on the previous experimental day. Secondly, several of the experimenters have planned the peer-mediated intervention so that the peer trainer works with only one child at a time. Thus, in a twenty minute session, the peer trainer might initiate play with three children, one at a time, for approximately six minutes each. Focusing on a single target subject provides the peer trainer enough time to make many social initiations without constant shifts in attention.

A final form of teacher intervention cited is that of reinforcing the peer trainer for efforts to play with the target children. Peer trainers differ in their choices of reinforcers, but some rewards which have been used previously include: social praise from the experimenters, a hamburger, and corn chips. These were provided to the peer trainer on a frequent basis throughout the intervention period. In addition, the present authors awarded an elementary-aged peer trainer a trophy and certificate of merit at the completion of a lengthy study.

Summary

A frequently voiced concern of classroom teachers is the lack of communication between researchers and those who work daily with children. It should be noted that in every study cited, a classroom teacher was involved in the planning and implementation of the peer-mediated procedures. Accordingly, the researchers collaborated with the classroom teachers to develop a useful intervention tactic which could result in widespread application. It is this

close alliance which has led to frequent revisions and subsequent improvements in the training procedures described. It is hoped that this article will assist educators who wish to bridge the gap between applied research and actual classroom practice in an effort to improve the social skills of the isolated children in their care.

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